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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PFO20140
In re Application of Christophe Fery et al.		
Application Number 10/686,890		Filed October 16, 2003
For ENCAPSULATION OF "TOP-EMITTING" OLED PANELS		
Art Unit 2818	Examiner Mai Huong C. Tran	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.	
<input type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-0832</u> .	

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number _____

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 42,201.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 11, 2005

Date

Telephone Number

Signature

Patricia A. Verlangieri

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450)

Complete if Known

Application Number	10/686,890
Filing Date	October 16, 2003
First Named Inventor	Christophe Fery et al.
Examiner Name	Mai Huong C. Tran
Art Unit	2818
Attorney Docket No.	PF020140

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit Account Number	07-0832
Deposit Account Name	THOMSON LICENSING INC., Customer No. 24498

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	385
1002	350	2002	170
1003	550	2003	265
1004	790	2004	385
1005	160	2005	80
SUBTOTAL (1)			(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	88	2201	43
1203	300	2203	145
1204	88	2204	43
1205	18	2205	9
SUBTOTAL (2)			(\$ 0)

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	210
1253	980	2253	475
1254	1,530	2254	740
1255	2,080	2255	1,005
1401	340	2401	165
1402	330	2402	165
1403	300	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	665
1501	1,370	2501	665
1502	490	2502	240
1503	660	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	385
1810	790	2810	385
1801	790	2801	385
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 450)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Patricia A. Verlangieri	Registration No. (Attorney/Agent)	42,201	Telephone	(609) 734-6867
Signature	<i>Patricia A. Verlangieri</i>			Date	January 11, 2005

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